


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 046 ****61.25

DOCUMENT # N02000002073

1. Entity Name
 BRIGHTWATER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1699 US 1 SOUTH
 STE. D
 SAINT AUGUSTINE, FL 32084

Mailing Address
 1699 US 1 SOUTH
 STE. D
 SAINT AUGUSTINE, FL 32084

60019029



2. Principal Place of Business
 5455 AIA SOUTH

3. Mailing Address
 5455 AIA S.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State
 ST. AUGUSTINE FL.

City & State
 ST. AUGUSTINE FL.

Zip
 32080

Country

Zip
 32080

Country

4. FEI Number
 05-3645375

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENZEL
 7543 SCARLET IBIS LANE
 JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

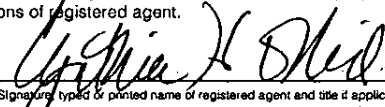
Name
 MARY MARCELOTTA

Street Address (P.O. Box Number is Not Acceptable)
 5455 US HWY AIA SOUTH

City
 ST. AUGUSTINE FL

Zip Code
 32080

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE


Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing: Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HART, PATRICIA 7527 SCARLET IBIS LANE JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DENNIS FAULSTICH 7592 RED CRANE LN. JACKSONVILLE FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DENZEL 7543 SCARLET IBIS LANE JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONNA HERRIN 7461 SCARLET IBIS LN JACKSONVILLE FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRIN, DONNA 7461 SCARLET IBIS LANE JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FREEMAN, MATT 7592 RED CRANE LN. JACKSONVILLE, FL. 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, MARY 7580 RED CRANE LANE JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRISON, BILL T 7468 RED CRANE LN JACKSONVILLE FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, ED 7532 RED CRANE LANE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2-16-06 DAYTIME PHONE #: 904-642-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR